#### **FEE TRANSMITTAL**

#### Electronic Version v08

Stylesheet Version v08.0

Title of Invention

Neuro-Electric-Therapy Headset

Application Number:

Date:

First Named Applicant: Dr. Onje' Erfan Attorney Docket Number: ERF 1125

# **TOTAL FEE AUTHORIZED \$ 385**

Patent fees are subject to annual revisions on or about October 1st of each year.

Filing as small entity

### **BASIC FILING FEE**

| Fee Description                        | Fee Code | Amount \$ | Fee Paid \$ |  |  |  |
|--|----------|-----------|-------------|--|--|--|
| Utility Filing Fee                     | 2001     | 385       | 385         |  |  |  |
| Subtotal For Basic Filing Fees: \$ 385 |          |           |             |  |  |  |

## **EXTRA CLAIM FEES**

| Fee Description                      | Extra Claim | Fee Code | Amount \$ | Fee Paid \$ |  |  |
|--------------------------------------|-------------|----------|-----------|-------------|--|--|
| Total Claims: 15                     | 0           | 2202     | 9         | 0           |  |  |
| Independent Claims : 2               | 0           | 2201     | 43        | 0           |  |  |
| Subtotal For Extra Claims Fees: \$ 0 |             |          |           |             |  |  |

### **AUTHORIZED BILLING INFORMATION**

The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Credit account number: 1441

Expiration Date (YYYYMMDD): 2005-09-30

Authorized name: Kyle W. Rost

Billing address: 80111